

<b>Case Number:</b>	CM15-0174969		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	09/08/2014
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old male with an industrial injury on 09-08-2014. Medical review indicates he was being treated for left carpal tunnel syndrome, possible left radial tunnel syndrome, left wrist sprain, rule out ligamentous and cartilage injury left wrist and rule out cervical radiculopathy. He presents on 07-08-2015 with pain in left wrist and left forearm to the left hand with numbness in left thumb, index and middle fingers. Also documented was pain and limited motion of the left shoulder. Physical exam noted mild dorsal left wrist swelling. "Mild to moderate" left radial tunnel tenderness and "mild to moderate diffuse" dorsal left wrist tenderness was documented. Range of motion was documented as full in all digits left hand, wrist and elbow. Left shoulder abduction was 90 degrees with pain. Tinel's test was documented as positive at the median nerve left wrist. Phalen's was also documented as positive. The provider documents in the 07-08-2015 note the following diagnostics: X-Ray - Three views of the left hand and wrist with an additional carpal tunnel view - Negative.- 01-16-2015, Electro diagnostics testing report. Moderate left carpal tunnel syndrome. Prior treatment included acupuncture for left shoulder and back, left wrist brace and medications. Treatment plan included MRI of the cervical spine and MR arthrogram of the left wrist. The provider documents "The patient will at least need a left endoscopic carpal tunnel release." The treatment request is for magnetic resonance arthrogram of left wrist. On 08-17-2015 the request for magnetic resonance arthrogram of left wrist was non-certified by utilization review. Therefore, the request is not medically necessary.

## **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Magnetic resonance arthrogram of left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** ACOEM recommends MRI imaging of the wrist for evaluation of a specific differential diagnosis supported by history and physical examination. Such a specific rationale for the requested study is not apparent. The clinical rationale for this request is not clearly documented in the records and thus a guideline cannot be applied. This request is therefore not medically necessary.